

8/3/00

Not to be used for  
 02/21/00-03/04/00  
 Application

09/600594

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER		6	7-21-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	LD		9-15-00

**INDEX OF CLAIMS**

- ✓ ..... Rejected
- = ..... Allowed
- (Through numeral) ... Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
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Claim	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
 staple additional sheet here

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